



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2Date 6/4/2021

Name	<u>Booneville Head Start</u>		License No.	<u>Pending</u>
Address	<u>2405 E Chambers Dr, Booneville, MS 38829</u>			
Purpose	<u>Initial</u>	Director	<u>Angeleque Beene</u>	
Mileage Start	<u>---</u>	Mileage End	<u>---</u>	
County	<u>Prentiss</u>	Telephone No.	<u>---</u>	
Time In	<u>9:30</u>	Time Out	<u>11:20</u>	Total Time <u>---</u>

Findings/Comments Here to conduct initial inspection.
Upon arrival ~~CCFI~~ CCFI and BDD met with Director.

Form 2000 and Form 201 have been completed.
Anything marked out on these forms, must be completed before a temporary license can be issued.

Floor plan has been discussed and signed.

A max capacity worksheet has been discussed and signed.

Facility capacity could not be set due to playgrounds not being present.

Max Capacity worksheet will be updated once facility has approved

fenced in area, with atleast 2 exits.

Playground area must be a minimum of 2,700 sq. ft to be licensed for 105 children.

Room 5 (Early Head Start) currently has 1 diaper handwashing sink

and 1 handwashing sink. Per conversation with Director and

Contractor, the 2 sinks will remain and trim will be added

to counter top to be used as diaper changing station. A step-stool

will be added and stored underneath countertop where dishwasher

was. No additional sinks will be added to Room 5, CCFI and BDD

recommend removing ~~from~~ ammiting the lower child handwashing

sink from the floor plans. Recommendation of removing the

"L Wall" due to creating empty pocket and blind spot for caregivers

to see children.

Angeleque L. Beene, CCFI
 Center Director/Designee/Individual

Kristen Taylor
 Child Care Representative

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**Child Care Encounter
(Continuation)**

Date 6/4/2021

Facility Name Booneville Head Start

License No. Pending

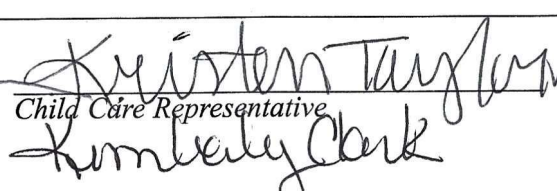
Director was given child care checklist.
Everything on checklist must be completed before a temporary
license can be issued.

A final inspection must be completed before a temporary
license can be issued.

Director must contact CCFI two weeks before
completion, so a final inspection can be scheduled.

Lead test is required for Head Start Playground (behind facility)
No lead test required for Early Head Start (front/concrete)

Fire Form #333 was given to Director.


Center Director/Designee/Individual
Child Care RepresentativeWhite Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Booneville Headstart Date 6/4/2021
 Physical Address 2405 E Chambers Dr ; Booneville, MS 38829
 Operator MAP Daytime Telephone Number _____
☒ Commercial Facility ☐ Occupied Residence unknown Year Building was constructed _____
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 14 # of Rooms Used for Child Care 5
 Construction: Masonry _____ Brick ☒ Frame _____ Metal _____ Other _____

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input checked="" type="checkbox"/> clean <input checked="" type="checkbox"/> repair <input checked="" type="checkbox"/> paint <input checked="" type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input checked="" type="checkbox"/> clean <input checked="" type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input checked="" type="checkbox"/> clean <input checked="" type="checkbox"/> repair <input type="checkbox"/> paint <input checked="" type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Plug covers on all outlets. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input checked="" type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input type="checkbox"/> electric <input type="checkbox"/> other _____
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Unapproved heaters (must be removed). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations <u>1</u> . |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County PrentissDate 8/13/2021Facility Name Boonerville Head StartLicense Number PendingPurpose Follow-up

Capacity _____

All Items In Red Are Critical

Qualified director present
 Proper staff to child ratio present
 Room and playground capacity met
 Center capacity met
 License/complaint visible
 Certified food manager

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained
 Vector control maintained
 Water system approved and functioning
 Waste water system approved and functioning
 Food service approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

Children's belongings separated/stored
 Evacuation plans posted
 Menus posted and served
 Plan of activities

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building and Grounds

Walls, ceilings, floors, toys, equipment
 clean and in good repair

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lighting approved
 Heating/cooling approved
 Ventilation adequate
 Glass approved and shielded
 Telephone on premises, available, and functioning

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical outlets protected
 Large appliances located properly
 Sinks and toilets working properly
 Hot water at all sinks, not to exceed 120°

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children barred from kitchen
 Vending machine snacks meet nutritional guidelines, if present
 Exits, doors and fastening devices single action approved and in good working order

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exits unobstructed
 Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid kits stocked and easily accessible

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground area clean, shaded, well drained and equipped and fence in good repair

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground equipment meets standards

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pool area clean, fenced, and adequately maintained

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Diaper changing stations adequate in number and each fully supplied (number 1)

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Child Care Representative

White Copy - Facility File
 Yellow Copy - Facility Operator
 Mississippi State Department of Health

12-10-08

Form No. 281

B. Kitchen/Food Preparation Area

In Out NA

- ☐ ☒ ☐ 1. Adequate refrigeration with thermometer.
- ☐ ☒ ☐ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☐ ☒ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☐ ☒ ☐ 4. Separate freezer when 50+ children are served.
- ☐ ☒ ☐ 5. Approved dishwasher. _____
- ☐ ☒ ☐ 6. Three (3) compartment sink.
- ☐ ☐ ☒ 7. Food preparation sink.
- ☐ ☐ ☒ 8. Mop sink.
- ☐ ☒ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. Grounds

In Out NA

- ☐ ☒ ☐ 1. Approved play area with fence.
- ☐ ☒ ☐ 2. All hazards including non-approved playground equipment removed.
- ☐ ☒ ☐ 3. Playground equipment approved before installation.
- ☐ ☒ ☐ 4. Playground completed before opening for business.
- ☐ ☒ ☐ 5. Safe arrival/departure areas.
- ☐ ☒ ☐ 6. Soil tested for lead.
- ☐ ☒ ☐ 7. Other _____
- _____
- _____

II. Furniture And Equipment**A. Furniture**

In Out NA

- ☐ ☒ ☐ 1. Appropriate
- ☐ ☒ ☐ 2. Child size
- ☐ ☒ ☐ 3. Adequate number

B. Equipment

In Out NA

- ☐ ☒ ☐ 1. Approved location of laundry equipment
- ☐ ☒ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☐ ☒ ☐ 3. Approved bedding - ☐ cribs ☐ cots ☐ pads

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

In Out NA

- ☐ ☒ ☐ Complies with local zoning, building and fire safety codes.

IV. Recommendations



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2Date 8/13/2021

Name	<u>Booneville Head Start</u>	License No.	<u>Pending</u>
Address	<u>2405 E Chambers Dr; Booneville, MS</u>		
	Center/Organization/Individual		
Purpose	<u>Follow-Up</u>	Director	<u>Angeleae Beene</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Prentiss</u>	Telephone No.	<u>728-7113</u>
Time In	<u>8:53</u>	Time Out	<u>10:05</u>
		Total Time	<u> </u>

Findings/Comments Here to conduct follow-up visit.
Upon arrival CCFI and BPD met with Director.

Forms 281 & 286 were completed.
Any outs marked out must be completed before a
temporary license can be issued.

Once facility completes the "outs", CCFI will return
to inspect.

Only document lacking for child care checklist
is Fire Form #333. Fire Form #333 must be
received before a temporary license can be issued.

Per Director, the owner of the facility is MAP.

Kitchen - 3 compartment sink does not have hot water
and dishwasher has not been installed yet.
Kitchen will be inspected once completed.

Menus will be posted at entrance and kitchen.

Angeleae Beene, CA
 Center Director/Designee/Individual

Kristen Taylor
 Child Care Representative
Kim Calkins

White Copy - Facility File
 Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County PrentissDate 8/10/2021Facility Name Booneville Head StartLicense Number PendingPurpose Follow up

Capacity _____

All Items In Red Are Critical

Qualified director present
 Proper staff to child ratio present
 Room and playground capacity met
 Center capacity met
 License/complaint visible
 Certified food manager

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained
 Vector control maintained
 Water system approved and functioning
 Waste water system approved and functioning
 Food service approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Age/Child/Staff Name

1.	
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

Children's belongings separated/stored
 Evacuation plans posted
 Menus posted and served
 Plan of activities

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building and Grounds

Walls, ceilings, floors, toys, equipment
 clean and in good repair

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lighting approved
 Heating/cooling approved
 Ventilation adequate
 Glass approved and shielded
 Telephone on premises, available,
 and functioning

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical outlets protected
 Large appliances located properly
 Sinks and toilets working properly
 Hot water at all sinks, not to
 exceed 120°
 Children barred from kitchen
 Vending machine snacks meet
 nutritional guidelines, if present
 Exits, doors and fastening devices
 single action approved and in good
 working order

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exits unobstructed
 Required smoke detectors, carbon
 monoxide monitors, fire extinguishers
 and thermometers placed properly and
 in good working order

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid kits stocked and easily accessible

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground area clean, shaded, well
 drained and equipped and fence in good
 repair

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground equipment meets standards

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pool area clean, fenced, and adequately
 maintained

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Diaper changing stations adequate in
 number and each fully supplied
 (number 1)

In	Out	COS	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Child Care Representative

White Copy - Facility File
 Yellow Copy - Facility Operator
 Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH
Child Care Encounter

District 2

Date 8-6-2021

Name <u>Booneville Head Start</u>	License No. <u>Pending</u>
Address <u>2405 E Chambers Dr; Booneville, MS</u> <small>Center/Organization/Individual</small>	
Purpose <u>Follow-Up</u>	Director <u>Angeleque Beene</u>
Mileage Start <u>—</u>	Mileage End <u>—</u>
County <u>Prentiss</u>	Telephone No. <u>728-7913</u>
Time In <u>9:30</u>	Time Out <u>11:20</u> Total Time <u> </u>

Findings/Comments Here for a follow up inspection.
BDD and CCFI met with the provider upon arrival.

Form 286 and 281 were completed.
All outs on Form 286 and 281 must be corrected/completed
before a temporary license can be issued.

The following was received:

- Water bill
- Sewer bill
- Age of building
- Arrival & Departure Policy
- ER Transportation Policy
- Liability Statement

Director was given copy of Child Care Checklist. Anything
that has not been received, must be received before a
temporary license can be issued.

Provider stated playground equipment has been
ordered to be installed at a later date.

Provider stated playground equipment will arrive
in 90 days.

Provider will notified CCFI when playground
equipment arrives and when construction
will begin on the playgrounds.

Angeleque Beene
Center Director/Designee/Individual

Kristen Taylor
Child Care Representative
Kimberly Cook

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter (Continuation)

Date 8/6/2021Facility Name Booneville Head StartLicense No. Pending

The following must be corrected before temporary license can be issued: (Also refer to Form 2806 & 281)

- Walls, Floors, Ceilings (cleaned & repaired)
- Lights (Bathrooms & Classrooms)
- Outlet / Switch covers
- Thermometers in all classrooms
- Evacuation routes in all classrooms
- Daily Schedules in all classrooms
- Telephone
- Individual compartments for children
- Diaper changing stations
- Hot / Cold water in all sinks
- Refrigeration / Freezer & thermometer
- Cooking appliances
- Approved stove hood per fire codes
- Kitchen sinks / handwashing need hot water
- Playgrounds
 - need gates, no gaps wider than 3 1/2 inches
- Playground lead test
- Classrooms must be fully set up with furniture & equipment
- Cots / Nap Mats / Cribs
- Trash picked up inside, outside and on playgrounds.
- Approved Fire Form #333
- Hot water heaters must be covered

Facility capacity has been set at 105 due to room size.

CCFI will return for final inspection, when facility is ready.

[Signature]
Center Director / Designee / Individual

[Signature]
Child Care Representative
[Signature]

White Copy - Facility File
Yellow Copy - Operator



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Booneville Head Start Date 8/6/2021
 Physical Address 2405 E Chambers Dr ; Booneville, MS 38829
 Operator MAP Daytime Telephone Number 728-7913
☒ Commercial Facility ☐ Occupied Residence 2008 Year Building was constructed
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 15 # of Rooms Used for Child Care 15
 Construction: Masonry ☒ Brick ☒ Frame ☐ Metal ☐ Other ☐

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

- | In | Out | NA | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Walls – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Floors – <input checked="" type="checkbox"/> clean <input type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Ceiling – <input type="checkbox"/> clean <input checked="" type="checkbox"/> repair <input type="checkbox"/> paint <input type="checkbox"/> replace |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Plug covers on all outlets. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Barriers installed as needed – <input type="checkbox"/> kitchen <input type="checkbox"/> stairways <input type="checkbox"/> windows <input type="checkbox"/> porches <input type="checkbox"/> other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 7. Handrails – <input type="checkbox"/> steps <input type="checkbox"/> landings <input type="checkbox"/> toilets <input type="checkbox"/> other _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating/cooling – <input type="checkbox"/> gas <input checked="" type="checkbox"/> electric <input type="checkbox"/> other _____
Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 9. Unapproved heaters (must be removed). |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Adequate, proper heating and/or cooling systems. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 11. Child safe thermometers at child level in every room utilized by children. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 12. Adequate lighting. Note – All lights must be shielded. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 13. Telephone accessible to caregivers. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 14. Individual compartments or hooks for each child. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 15. Diaper changing stations in all rooms housing children who are not toilet trained.
Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations <u>1</u> . |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Approved – <input checked="" type="checkbox"/> waste water <input checked="" type="checkbox"/> water supply |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 17. Emergency evacuation plan posted. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 18. Hot and cold running water at all handwashing sinks. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Building constructed prior to 1965 has been tested for lead. |

B. Kitchen/Food Preparation Area

In Out NA

- ☐ ☒ ☐ 1. Adequate refrigeration with thermometer.
- ☐ ☒ ☐ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☐ ☒ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☒ ☐ ☐ 4. Separate freezer when 50+ children are served.
- ☐ ☒ ☐ 5. Approved dishwasher. _____
- ☒ ☐ ☐ 6. Three (3) compartment sink.
- ☐ ☐ ☒ 7. Food preparation sink.
- ☐ ☐ ☒ 8. Mop sink.
- ☐ ☒ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water. - no hot water

C. Grounds

In Out NA

- ☐ ☒ ☐ 1. Approved play area with fence. - need gates
- ☐ ☒ ☐ 2. All hazards including non-approved playground equipment removed.
- ☐ ☐ ☒ 3. Playground equipment approved before installation. - Facility does not have equipment
- ☐ ☐ ☒ 4. Playground completed before opening for business. - Facility does not have equipment
- ☐ ☒ ☐ 5. Safe arrival/departure areas.
- ☐ ☒ ☐ 6. Soil tested for lead.
- ☐ ☐ ☒ 7. Other _____

II. Furniture And Equipment**A. Furniture**

In Out NA

- ☐ ☒ ☐ 1. Appropriate
- ☐ ☒ ☐ 2. Child size
- ☐ ☒ ☐ 3. Adequate number

B. Equipment

In Out NA

- ☐ ☐ ☒ 1. Approved location of laundry equipment
- ☐ ☒ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☐ ☒ ☐ 3. Approved bedding - ☐ cribs ☐ cots ☐ pads

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. Other

In Out NA

- ☐ ☒ ☐ Complies with local zoning, building and fire safety codes.

IV. Recommendations

Jaqueline E. Burre
Operator/Center/Date

Kristen Taylor
Licensing Officer
Kimberly Clark



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Prentiss Date 6/4/2021

Facility Name Boonville Headstart License Number Pending

Purpose Initial Capacity Unknown

All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room and playground capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Center capacity met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
License/complaint visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Certified food manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vector control maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water system approved and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waste water system approved and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food service approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

Age/Child/Staff Name

1.	
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number <u>1</u>)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Child Care Representative

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Encounter

District 2Date 8/19/2021

Name	<u>Booneville Head Start</u>	License No.	<u>Pending</u>
Address	<u>2405 E chambers Dr; Booneville, MS</u>		
	<small>Center/Organization/Individual</small>		
Purpose	<u>Follow-up / Final</u>	Director	<u>Angeleque Beene</u>
Mileage Start	<u>—</u>	Mileage End	<u>—</u>
County	<u>Prentiss</u>	Telephone No.	<u>728-7913</u>
Time In	<u>1:00</u>	Time Out	<u>1:40</u>
		Total Time	<u> </u>

Findings/Comments Here to conduct follow-up visit and final inspection.

Form 286 was updated. (All outs corrected)
Form 281 completed. (All outs corrected)

CCFI received Fire Form #333.

All forms on Child Care checklist have been received.

Once CCFI approves license, email will be sent to Owner & Director that will include a code. The license fee must be paid before a temporary license can be issued.

Director will send a letter from a MAP official stating that the old location will be officially closed, whichever date the owner prefers. Send to CCFI

Kitchen received an "A"; no critical violations in the kitchen.

Angeleque Beene
 Center Director/Designee/Individual

Mississippi State Department of Health

Kristen Taylor
 Child Care Representative
Muanda Moorman

Revised 6-24-09

White Copy - Facility File
 Yellow Copy - Operator

Form No. 287



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Inspection

County Prentiss Date 8/19/2021

Facility Name Boonerville Head Start License Number Pending

Purpose Prentiss Capacity 105

All Items In Red Are Critical

Qualified director present
Proper staff to child ratio present
Room and playground capacity met
Center capacity met
License/complaint visible
Certified food manager

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sanitation Approved

Garbage and garbage bins maintained
Vector control maintained
Water system approved and functioning
Waste water system approved and functioning
Food service approved

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Other Items - Must be corrected

Children's belongings separated/stored
Evacuation plans posted
Menus posted and served
Plan of activities

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building and Grounds

Walls, ceilings, floors, toys, equipment clean and in good repair

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lighting approved

Heating/cooling approved

Ventilation adequate

Glass approved and shielded

Telephone on premises, available, and functioning

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Electrical outlets protected

Large appliances located properly

Sinks and toilets working properly

Hot water at all sinks, not to exceed 120°

Children barred from kitchen

Vending machine snacks meet nutritional guidelines, if present

Exits, doors and fastening devices single action approved and in good working order

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exits unobstructed

Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First aid kits stocked and easily accessible

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground area clean, shaded, well drained and equipped and fence in good repair

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playground equipment meets standards

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pool area clean, fenced, and adequately maintained

In	Out	COS	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Diaper changing stations adequate in number and each fully supplied (number 1)

In	Out	COS	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

Child Care Representative

12-10-08

Form No. 281



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Child Care Facility Data Sheet

Facility Name Booneville Head Start Date 8/13/2021
 Physical Address 2405 E Chambers Dr; Booneville, MS 38829
 Operator MAP Daytime Telephone Number 728-7913
☒ Commercial Facility ☐ Occupied Residence 2008 Year Building was constructed
 Total # of Floors 1 # of Floors Used for Child Care 1 # of Rooms 5 # of Rooms Used for Child Care 5
 Construction: Masonry ☒ Brick ☒ Frame ☐ Metal ☐ Other ☐

I. Building/Grounds

Mark: In = Incompliance with Regulations Out = Out of compliance with regulations NA = Does not apply

A. General

In Out NA

- Corrected 8/14*
- ☒ ☐ ☐ 1. Two (2) easily opened outward opening doors (minimum 32 inches wide) equipped with single action opening hardware.
- ☒ ☐ ☐ 2. Walls – ☒ clean ☐ repair ☐ paint ☐ replace
- ☒ ☐ ☐ 3. Floors – ☐ clean ☐ repair ☐ paint ☐ replace
- ☒ ☒ ☐ 4. Ceiling – ☐ clean ☐ repair ☐ paint ☐ replace (wires exposed for phone/intercom)
- ☒ ☐ ☐ 5. Plug covers on all outlets.
- ☒ ☐ ☐ 6. Barriers installed as needed – ☐ kitchen ☐ stairways ☐ windows ☐ porches ☐ other _____
- ☐ ☐ ☒ 7. Handrails – ☐ steps ☐ landings ☐ toilets ☐ other _____
- ☒ ☐ ☐ 8. Heating/cooling – ☐ gas ☒ electric ☐ other _____
 Note – Non-electric heat/cool systems or appliances require carbon monoxide monitors to be installed as well as smoke detectors. All gas heaters must be vented to outdoors.
- ☐ ☐ ☒ 9. Unapproved heaters (must be removed).
- ☒ ☐ ☐ 10. Adequate, proper heating and/or cooling systems.
- ☒ ☐ ☐ 11. Child safe thermometers at child level in every room utilized by children.
- Corrected 8/14* ☒ ☐ ☐ 12. Adequate lighting. Note – All lights must be shielded.
- ☒ ☒ ☐ 13. Telephone accessible to caregivers. (in process)
- ☒ ☐ ☐ 14. Individual compartments or hooks for each child.
- ☒ ☐ ☐ 15. Diaper changing stations in all rooms housing children who are not toilet trained.
 Note – Diaper changing stations must have hot and cold water and may not be used for any purpose except diapering. Number of diaper changing stations 1.
- ☒ ☐ ☐ 16. Approved – ☒ waste water ☒ water supply
- ☒ ☐ ☐ 17. Emergency evacuation plan posted.
- ☒ ☐ ☐ 18. Hot and cold running water at all handwashing sinks.
- ☒ ☐ ☐ 19. Building constructed prior to 1965 has been tested for lead.

B. Kitchen/Food Preparation AreaIn ☒ Out ☐ NA ☐

- Corrected 8/19 KT
- Corrected 8/19 KT
- ☒ ☐ ☐ 1. Adequate refrigeration with thermometer.
- ☒ ☐ ☐ 2. Adequate cooking appliances (stoves/microwaves/ovens)
Note - Number and Type must be based on menu evaluation and number of meals to be prepared.
- ☒ ☐ ☐ 3. Approved stove hood, vented to outside per fire codes.
- ☒ ☐ ☐ 4. Separate freezer when 50+ children are served.
- ☒ ☐ ☒ 5. Approved dishwasher. Not in use at this time (3 co. sink will be used)
- ☒ ☐ ☐ 6. Three (3) compartment sink. (hot water needed)
- ☒ ☐ ☒ 7. Food preparation sink.
- ☒ ☐ ☒ 8. Mop sink.
- ☒ ☐ ☐ 9. Handwashing sink. Note - All sinks must have hot and cold water.

C. GroundsIn ☒ Out ☐ NA ☐

- ☒ ☐ ☐ 1. Approved play area with fence.
- ☒ ☐ ☐ 2. All hazards including non-approved playground equipment removed.
- ☐ ☐ ☒ 3. Playground equipment approved before installation. (no equipment at this time)
- ☒ ☐ ☐ 4. Playground completed before opening for business.
- ☒ ☐ ☐ 5. Safe arrival/departure areas.
- ☒ ☐ ☐ 6. Soil tested for lead.
- ☐ ☐ ☐ 7. Other _____

II. Furniture And Equipment**A. Furniture**In ☒ Out ☐ NA ☐

- ☒ ☐ ☐ 1. Appropriate
- ☒ ☐ ☐ 2. Child size
- ☒ ☐ ☐ 3. Adequate number

B. EquipmentIn ☒ Out ☐ NA ☐

- ☒ ☐ ☐ 1. Approved location of laundry equipment
- ☒ ☐ ☐ 2. Recommended toys appropriate for ages of children are available.
- ☒ ☐ ☐ 3. Approved bedding - ☐ cribs ☒ cots ☐ pads

Note - 24 hour and night time care require bedding with minimum 3 inch mattresses.

III. OtherIn ☒ Out ☐ NA ☐

- ☒ ☐ ☐ Complies with local zoning, building and fire safety codes. (waiting on Fire Form)

IV. Recommendations

Lequaque & Beene, CA
Operator/Center/Date

Kristen Taylor
Licensing Officer
Lumbecky Clark